

CHAPTER 20

SECTION 1

GENERAL

1.0. INTRODUCTION

1.1. The 1998 National Defense Authorization Act requires coverage for medical care for active duty members of the armed forces (Army, Navy/Marines, Air Force, and Coast Guard, including eligible members of the National Guard and Reserves) assigned to remote locations in the United States and the District of Columbia that is comparable to coverage under the TRICARE Prime program. The TRICARE Prime Remote (TPR) program described in this chapter fulfills this requirement. It provides health care to active duty service members (ADSMs) in the United States and the District of Columbia who meet the eligibility criteria listed in [paragraph 2.0.](#) below. Before development of the TPR program, the Geographically Separated Unit (GSU) program provided health care to remotely assigned members of all the Uniformed Services and eligible active duty family members in Regions 1, 2, 5, and 11. The contractors shall implement the TRICARE Prime Remote program in Regions 1, 2, 5, and 11 in place of the GSU program, with the following exceptions: (a) contractors shall maintain networks and access to care standards according to the GSU contract requirements for already-identified remote work units and family members in the areas of those units (GSU/TPR units); (b) contractors shall not develop networks for newly identified remote (GSU/TPR) units unless the contractor determines that such network development is cost-effective; (c) contractors shall continue to enroll eligible members of all seven Uniformed Services in TPR (to include members of the Army, Navy, Marine Corps, Air Force, Coast Guard, United States Public Health Service, and the National Oceanic and Atmospheric Administration); (d) contractors shall continue to enroll eligible family members according to GSU contract requirements; and (e) contractors shall enroll eligible family members in TRICARE Prime in areas not previously identified as remote locations only where Prime networks exist or where it is cost-effective to develop Prime networks.

1.2. This chapter describes contractor responsibilities related to health care for ADSMs under the TRICARE Prime Remote program. It also provides general information about the roles and responsibilities of the armed forces. (See [paragraph 8.0.](#) for TPR in Alaska.)

1.3. Current contract requirements apply to this program unless otherwise specified in this chapter.

1.4. Contractors shall furnish implementation plans to the Lead Agents within 30 days of receiving the contract modification.

2.0. ELIGIBILITY

NOTE: Eligibility criteria are included for information purposes only. Contractors have no responsibility for determining eligibility or for deciding in which region an active duty service member shall enroll. These responsibilities lie with the Military Services. Lead Agents

will furnish contractors with enrollment information (refer to [paragraph 3.0](#) below). If a contractor receives a claim for care provided to an active duty service member who is not enrolled in TPR or who is not enrolled in TRICARE Prime at an MTF, the contractor shall process the claim according to the applicable guidelines of the Supplemental Health Care Program ([Chapter 21](#) or [22](#)). As noted above, in Regions 1, 2, 5, and 11, contractors shall, under TPR, continue to enroll all individuals specified under the GSU program as well as those individuals specified in this chapter.

2.1. To receive health care services under the TRICARE Prime Remote program, an individual must be an active duty member of the armed forces (Army, Air Force, Navy, Marine Corps and Coast Guard, including eligible members of the National Guard/Reserves on orders for more than 30 consecutive days) who meet the following eligibility requirements:

2.1.1. Has a permanent duty assignment that is greater than 50 miles (based on ZIP codes) or approximately one hour drive from a military medical treatment facility (MTF) or military clinic designated as adequate to provide the needed primary care services to the active duty service member; and

2.1.2. Pursuant to the assignment of such duty, resides at a location that is greater than 50 miles (based on ZIP codes) or approximately one hour drive from an MTF or military clinic designated as adequate to provide the needed primary care services to the active duty service member.

2.2. The armed forces determine eligibility for the TRICARE Prime Remote (TPR) program; the contractor enrolls designated ADSMs in TPR. At the discretion of the Chief Operating Officer, TRICARE Management Activity (or designee to include the appropriate Lead Agent Director), exceptions to the eligibility criteria may be made as follows: (1) where the unit is located in one region (or contract area) and the ADSM lives in an area served by a different contractor, the ADSM may be enrolled with the contractor for the region serving the unit's location rather than the ADSM's residence; (2) where the unit is located and the ADSM lives in one region, but the closest PCM is located across the border in another region, the ADSM may be enrolled in the region where the PCM is located rather than the ADSM's residence; (3) where geographical barriers or other unique situations are determined to exist (e.g., the drive time to the closest MTF exceeds one hour), the unit commander may submit a request for a waiver of the eligibility criteria to the regional Lead Agent. The Lead Agent will review the request and forward a recommendation along with the unit commander's request to the Chief Operating Officer, TRICARE Management Activity (TMA), Skyline Five, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206, for a determination.

2.3. The Military Services may require individual active duty members to enroll to a military Primary Care Manager if there are fitness for duty related concerns, such as for those members in active special duty positions. Each Military Service is responsible for educating and monitoring subordinate commands regarding any special policies.

3.0. TRICARE PRIME REMOTE PROGRAM UNITS

The Military Services will identify the military work units known as TRICARE Prime Remote (TPR) program units to which ADSMs eligible for TPR are assigned and forward the identifying data to the Lead Agents. (In Regions 1, 2, 5, and 11, these work units were

formerly called “Geographically Separated units” or “GSUs.”) The Lead Agent will supply the contractor with an electronic directory, updated as needed, that lists, by region, the designated TPR ZIP codes for the contractor’s region(s). The Lead Agent will also provide unit listings to the contractor so that the contractor can mail educational materials to the units. In some instances, individual member listings (as opposed to units) may be provided.

4.0. BENEFITS

4.1. ADSMs enrolled in the TRICARE Prime Remote program are eligible for the Uniform HMO Benefit, even in areas without contractor networks. Some benefits (see [Chapter 20, Section 2](#) and [Addendum C](#)) require review by the member’s SPOC so that the Services are aware of fitness-for-duty issues. In addition, if the contractor determines that services on a TPR enrollee’s claim are not covered under the Uniform Benefit, or that the provider of services is not a TRICARE-authorized provider, or that the provider has not been certified as a TRICARE-authorized provider, the contractor shall supply the claim information ([Addendum E](#)) to the SPOC for a coverage determination. The contractor shall continue with provider certification procedures but shall follow SPOC direction for claim payment with no delay even if the provider certification process is not completed. Upon direction from the member’s parent service, the SPOC may authorize health care services not included in the Uniform Benefit and services furnished by providers who are not TRICARE-authorized/certified providers if the health care is specifically required to maintain fitness-for-duty or retention on active duty. Contractors shall not make claims payments to sanctioned or suspended providers. (See [Chapter 14, Section 6](#).) The claim shall be denied if a sanctioned or suspended provider bills for services. SPOCs do not have the authority to overturn TMA or Department of Health & Human Services provider exclusions. See [Chapter 20, Section 2](#) for referral and authorization requirements.

4.2. SPOC-authorized services (those determined by the member’s Service to be necessary to maintain fitness-for-duty and/or retention on active duty) will be covered even if they are not ordinarily covered under the TRICARE Prime program and/or if they are supplied by a provider who is not TRICARE-authorized or certified. A SPOC authorization shall be deemed to constitute referral, authorization, and direction to bypass edits as appropriate to ensure payment of SPOC-approved claims. Contractors shall implement appropriate measures to recognize SPOC authorization in order to expedite claims processing.

4.3. The contractor shall provide all ADSMs with no-fee access to the network pharmacy system where available, regardless of whether, where, or in what program (e.g., TRICARE Prime Remote) they may be enrolled. Where network pharmacies are not available, members may use any available retail pharmacy. A non-network provider such as a pharmacy or other provider might insist that the service member pay immediately for prescriptions or other health care services. Refer to [Chapter 20, Section 4, paragraph 3.4](#) for reimbursement information.

5.0. SERVICE POINT OF CONTACT (SPOC)

Special Military Service controls and rules apply to ADSMs due to unique military requirements to maintain readiness. The Services will always retain health care oversight of their personnel through their Service Points of Contact (SPOCs). The SPOC serves as liaison among the ADSM, the ADSM’s Military Service, and the contractor for managing the

ADSM's health care services. The SPOC reviews referrals for proposed care as well as information about care already received in order to determine impact on an individual's fitness for duty (see [Chapter 20, Section 2](#) and [Addendum E](#) for referral and review/authorization procedures). The SPOC, the primary care manager (PCM) (if assigned) and the health care finder (HCF) shall work together in making arrangements for the ADSM's required military examinations. The SPOC will provide the protocol, procedures, and required documentation through the HCF to the provider for these examinations. For required military care that may not be obtainable in the civilian community, the SPOC will refer the ADSM to a military medical treatment facility (MTF) or other military source of care. See [Appendix A](#), for definitions of "Service Point of Contact (SPOC)." Refer to [Chapter 20, Addendum B](#) for the addresses and telephone numbers of the SPOCs.

6.0. APPEAL PROCESS

6.1. If the contractor, at the direction of the Service Point of Contact (SPOC), denies authorization of, or authorization for reimbursement, for a TPR enrollee's health care services, the contractor shall, on the Explanation of Benefits or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from or filing an appeal with the SPOC (see [paragraph 6.2.](#) below). The SPOC will handle only those issues that involve SPOC denials of authorization or authorization for reimbursement. The contractor will handle allowable charge issues, ClaimCheck issues, grievances, etc.

6.2. A TPR enrollee may appeal SPOC denials of authorization or authorization for reimbursement through the SPOC--not through the contractor. If the enrollee disagrees with a denial, the first level of appeal will be through the Service Point of Contact. The enrollee may initiate the appeal by contacting his/her Service Point of Contact or by calling the Military Medical Support Office (MMSO) at 1-888-647-6676. If the SPOC upholds the denial, the SPOC will notify the enrollee of further appeal rights with the appropriate Surgeon General's office.

6.3. If the denial is overturned at any level, the SPOC will notify the contractor and the ADSM.

6.4. The contractor shall forward all written inquiries and correspondence related to SPOC denials of authorization, or authorization for reimbursement to the appropriate SPOC. The contractor shall refer telephonic inquiries related to SPOC denials to 1-888-MHS-MMSO.

7.0. ACTIVE DUTY FAMILY MEMBERS (ADFMS) AND OTHERS

7.1. TRICARE-eligible active duty family members (ADFMs) accompanying ADSMs who are enrolled in the TRICARE Prime Remote program may enroll in TRICARE Prime where the contractor has already established adequate networks. If a Prime network has not been established under other contract requirements, the ADFM will receive civilian health care services under the TRICARE Standard Plan (or under TRICARE Extra, where applicable). ADFMs may use HCF services to locate sources of care and obtain information, and they may use the nurse advice line if available in the region.

7.2. In Regions 1, 2, 5, and 11, contractors shall follow contract directives related to GSUs.

8.0. TRICARE PRIME REMOTE PROGRAM IN ALASKA

- 8.1.** The TRICARE Pacific Support Office - Alaska will be responsible for network development and other support functions in Alaska.
- 8.2.** The contractor shall provide administrative services and support for this program according to the provisions of the current contract (e.g., TRICARE Service Center support and claims processing).
- 8.3.** Contractors shall apply the provisions in [Chapter 20, Section 2, paragraph 5.0.](#) and [6.0.](#) to the claims for TPR in Alaska.

9.0. TRICARE PRIME REMOTE PROGRAM DIFFERENCES

- 9.1.** ADSMs have no cost-shares, copayments or deductibles.
- 9.2.** Nonavailability Statement requirements do not apply to any individual enrolled in TRICARE Prime, including those enrolled in TRICARE Prime Remote.
- 9.3.** If a new remote unit is identified in Regions 1, 2, 5, and 11 following implementation of the TRICARE Prime Remote (TPR) program, and the contractor determines that establishment of a network is not cost-effective, the contractor shall not be required to establish a PCM network for that area.
- 9.4.** If the contractor has not established a network of PCMs in a remote area, a TRICARE Prime Remote designated ADSM will still be enrolled without a PCM assigned. The contractor will use the DEERS PCM location code of "01" to enroll ADSMs in TPR, including those members without an assigned PCM. A generic PCM code will be used for TPR enrollees without assigned PCMs. The ADSM without an assigned PCM will be able to use a local TRICARE-authorized provider for primary health care services without SPOC review.
- 9.5.** Point of Service cost-sharing and deductible amounts do not apply to ADSMs enrolled in the TRICARE Prime Remote program. If an ADSM receives primary care without a referral or authorization, the enrolling contractor shall process the claim and make payment if the care meets all other TRICARE requirements (i.e., the care is medically necessary, a benefit of TRICARE Prime, furnished by an authorized/certified provider, etc.). If services do not meet the requirements of TRICARE Prime, the contractor is to supply the claim information to the SPOC for coverage determination. See [Chapter 20, Section 2, paragraph 5.3.2.](#) for information on self-referred care.
- 9.6.** TRICARE Prime Remote program claims are not included in the quarterly claims audit, but are included in the measurement of the claims processing standards in [Chapter 1, Section 3, paragraph 2.0.](#) and [3.0.](#)
- 9.7.** Annual ADSM re-enrollment is not required.
- 9.8.** If the armed forces determine that an active duty member is eligible for the TRICARE Prime Remote program, enrollment of the member is mandatory, unless there are service-specific issues that merit assignment to a military PCM (see [paragraph 2.3.](#)), or if the

ADSM elects to waive access standards and enrolls to an MTF (subject to unit commander/supervisor approval).

9.9. There will be no application by the contractor of OHI processing procedures for ADSM TPR claims. (See *TRICARE Reimbursement Manual, Chapter 4, Section 3*)

9.10. If third party liability (TPL) is involved in a claim, ADSM claim payment will not be delayed during the development of TPL information from the ADSM.

9.11. Enrollment jurisdiction may be based on the location of the military work unit instead of the ADSM's residence. This is determined by the Services.

9.12. TPR coverage may include health care services not included under the Uniform HMO Benefit ([paragraph 4.0.](#) above).

9.13. Payment may be made for services furnished by providers who are not TRICARE-authorized or certified ([paragraph 4.0.](#) above).